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Room: Ballroom

Tuberculosis among newly arrived foreign spouses prior to citizenship in Taiwan: A population-based study

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Background: Taiwan is a country of tuberculosis medium-burden with 70% of TB patients aged over 50, Taiwan's immigrant TB control policy primarily aims to identify active TB cases. Foreign workers are screened prior to entry into Taiwan; if those who are TB positive, they are not allowed to enter inti or remain in Taiwan. However, foreign spouses are excluded from this prohibition. This study is intended to estimate the tuberculosis burden among new foreign spouses, predominantly those aged under 50 and their derlying close contacts in Taiwan, 2006-2011.

Methods & Materials: By analysis a nationwide surveillance database, we assessed the TB burden via a 6-year population-based study. The TB relative risk of TB among foreign spouses within newly arrived (within4-6 years) foreign spouses vs. indigenous persons and the TB prevalence among subordinate underlying close contacts of TB index cases was assessed.

Results: 94.0% (721/768) of new foreign spouses with Tuberculosis (TB), of whom 98.6% were female, had come from South-East Asia nations (Vietnam, Indonesia, Philippines and Thailand) or China. TB rates (40.3-176.2 per 10^5/year) among newly emigrant wives aged 20-49 were 1.7- to 7.3-fold higher than those of Taiwanese females of corresponding ages. Additionally, TB prevalence among the 2,698 close contacts of 768 foreign-spouse index cases was 1.2% via a 2-year-follow-up based investigation. In terms of laboratory diagnostics, 87.2% (675/768) or 11.1% (85/768) of all TB cases diagnosed as abnormal radiographs or normal radiographs were later diagnosed as encompassing negative-smear combined with positive-culture of 35.4% (239/675) or 14.1% (12/85) as well as positive-smear combined with positive-culture of 29% (196/675) or 2.3% (2/85), respectively.

Conclusion: Foreign wives from high TB endemic countries and their close contacts, including underlying household or cohabitants, had a relatively high TB risk. Active TB screening via health examination by chest autoradiography should be performed as early as possible, rather than be delayed until prior to apply for citizenship is recommended. Furthermore, we reconsider that applying a more sensitive point-of-care test for TB could facilitate rapid screening and diagnosis for those TB cases with normal radiographs or who are smear negative combined with culture positive.

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Iliopsoas abcess due to tuberculosis: A case report

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Background: Iliopsoas abscess is a rare and potentially life-threatening suppurative myositis of the iliopsoas compartment. Iliopsoas abscess can be primary or secondary to gastrointestinal and genitourinary infections or mycobacterium tuberculosis.

Methods & Materials: We present a case of iliopsoas abcess due to tuberculosis. 43 year old male admitted to the infectious diseases clinic with fever, lower back pain, difficulty in walking with a duration of one month. 15 years ago he had a treatment history of pulmonary tuberculosis. He also had a history of falling from a high wall 7 months ago. X-ray images were normal at that time, he was prescribed non-steroid anti-inflammatory drugs and he had only mild pain since that occasion. In physical examination, he had marked lomber and sacral pain with hip flexion. Laseque and leg stiffness tests were negative. Right leg extansion was painful.

Results: In the laboratory findings his sedimantation was 140 mm/h, he had mild anemia of hemoglobin 11 ml/dl, with other routine tests normal. Viral hepatitis markers, gruber-vidal tests, brucella tests of rose bengal and wright hemagglutination tests, coombs test and VDRL tests were all in the normal range. CT findings showed collection and myositis in the iliopsoas region. A PPD test was done with a result of 36 mm. Iliopsoas abcess was thougt. The neurosurgeons performed drainage of the abcess and the drainage material ARB staining showed marked asidoresistant bacteries and the tuberculosis culture was positive. Anti-tuberculosis treatment with 4 agents of isoniasid, rifampicin, ethambutol and pyrasinamid were administered with standard dosing. After 3 weeks of therapy the patients physical situation was much better with the sedimentation test 50 mm/h. Control CT findings showed significant improvement in the iliopsoas region and the neurosurgeons did not repeat the drainage procedure as the abcess was nearly diminished. The anti-tuberculosis therapy continued 6 months and at the end of the therapy the patient did not have any complaints at all. All the laboratory tests and imaging studies turned to normal.

Conclusion: Iliopsoas abcess must be kept in mind especially in the developing countries as it may be fatal if untreated.

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